UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
GENERAL

E/CN.7/1992/9
2 March 1992

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-fifth session
Vienna, 6-15 April 1992
Item 3(b) (i) of the provisional agenda*

GENERAL DEBATE

EXAMINATION OF THE WORLD SITUATION WITH RESPECT TO DRUG ABUSE, INCLUDING THE IMPLEMENTATION OF THE GLOBAL PROGRAMME OF ACTION: MEASURES TO CONTROL AND REDUCE ILLICIT DEMAND

Implementation of targets 1-7 and 29-35 of the Comprehensive Multi-disciplinary Outline of Future Activities in Drug Abuse Control (CMO)**

Report of the Secretariat

CONTENTS

Chapter		Paragraphs	Page
	INTRODUCTION	1-6	2
I.	OVERVIEW OF THE ACHIEVEMENT OF TARGETS	7-86	3
	A. Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data	7-21	3
	B. Target 3: Prevention through education	22-38	6
	C. Target 4: Prevention of drug abuse in the workplace	39-48	9
	D. Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies	49-62	11
	E. Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse	63-69	13
	F. Target 7: Role of the media	70-86	14
II.	CONCLUSIONS	87-100	18
Annex.	Patterns of reporting		21

V.92-51479

* E/CN.7/1992/1

** This document has not been formally edited.

INTRODUCTION

1. The General Assembly, in its resolution S-17/2 stated: "In order to assess the level of national and international progress towards prevention and reduction of the demand for narcotic drugs and psychotropic substances with a view to its elimination, and in implementing the seven targets set out in chapter I of the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control, the [United Nations International Drug Control Programme] shall submit, by 31 December each year, a succinct questionnaire to all Governments, regional intergovernmental organizations and non-governmental organizations in consultative status with the Economic and Social Council. The questionnaire shall request details of action taken in this regard at the national and regional levels, the results achieved by the measures taken, and details of any practical difficulties encountered. The Secretary-General is requested to prepare a report, in collaboration with the International Labour Organisation, the United Nations Educational Scientific and Cultural Organization and the World Health Organization, to be submitted to the Commission on Narcotic Drugs at its regular and special sessions analysing the information submitted and assessing, in particular, the best means of providing assistance to States in furthering demand-reduction strategies."

2. In response to this request from the General Assembly, a questionnaire was sent out by UNDCP to all Member States and regional intergovernmental organizations and non-governmental organizations. Information was gathered on the extent to which progress had been made towards prevention and reduction of demand for illicit drugs and in implementing the first seven targets of the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control (CMO). Those countries which replied to the questionnaire sent in 1990 were asked only to update their activities. Therefore in order to obtain a more complete overview of the demand reduction activity in the world, the present report needs to be read in conjunction with the report of the Commission on Narcotic Drugs on its thirty-fourth session (E/1991/24). The full range of demand reduction activities reported by each country will be found in the individual Country Profiles available from the Secretariat.

3. Additionally, in response to a recent request by the Commission on Narcotic Drugs and in line with Economic and Social Council resolution 1991/46, a questionnaire has been transmitted to all Governments requesting information on the progress that has been made towards achieving targets 29-35 of the CMO, relating to treatment and rehabilitation. When sufficient data has been collected, the results will be analyzed and submitted to the Commission at its next session.

4. Of the 44 replies received from Governments, 32 were from members of the Commission. The full list of reporting countries is found in the annex.

5. Three intergovernmental organizations (IGO) completed the questionnaire: the Colombo Plan, the Council of Arab Ministers of Interior (Arab Office for Narcotic Affairs), and the Council of Europe.

6. Nine non-governmental organizations (NGO) responded to the questionnaire. Four of them, namely the International Federation of University Women (IFUW), Disabled Peoples' International, International Federation of Business and Professional Women, and International Air Transport Association (IATA), do not carry out activities in any of the areas targeted. Of the other five organizations, the Soroptimist International has a general interest in the area but no specific programmes. The remaining four

organizations, namely the International Association of Lions Clubs, the International Road Transport Union (IRU), World Assembly of Youth (WAY), and the Commonwealth Secretariat carried out a limited range of activities.

I. OVERVIEW OF THE ACHIEVEMENT OF TARGETS

A. Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data

Africa

7. Of the six African countries replying (Chad, Côte d'Ivoire, Gabon, Ghana, Namibia, South Africa), four (Chad, Côte d'Ivoire, Ghana, Namibia) had conducted drug abuse assessment studies, and South Africa is in the final stage of implementing a national database. Côte d'Ivoire collected information in 14 districts by interviewing key informants such as policemen, local authorities, teachers and welfare workers. A study among school children and street youth had been finished and a new study among secondary school pupils in Abidjan was planned. Base-line surveys and a school drug abuse education survey had been carried out in Ghana. In Namibia assessment studies had been conducted in a variety of research settings such as in households, schools and treatment centres, while Chad collected statistics regarding drug-related crimes. Gabon is establishing an inter-ministerial commission which will become the national agency for collecting drug-related data.

8. The Fund of the United Nations International Drug Control Programme (UNDCP Fund) gave assistance to Côte d'Ivoire. The school drug abuse education survey in Ghana was supported by the United Nations Educational and Cultural Organization (UNESCO) and UNDCP Fund. In Namibia, the International Labour Organisation (ILO) is currently giving financial support to set up a resource centre for alcohol and drug abuse. Most countries stressed the point that they were urgently in need of international technical assistance, in collection of data, the development of prevention programmes, training of medical and para-medical staff, and setting up treatment and rehabilitation centres.

9. The most frequent difficulties experienced in the assessment of drug abuse or difficulties mentioned by countries which had not yet conducted epidemiological studies were the lack of facilities and shortage of trained manpower. Lack of an established formal network for collecting alcohol and drug-related data, and the absence of coordination and regular flow of information between different agencies, was also specified by South Africa.

The Americas

10. Of the eleven reporting countries in the Americas (the Bahamas, Belize, Bolivia, Colombia, Dominica, Ecuador, Grenada, Honduras, Mexico, Paraguay and Venezuela) all but Dominica and Grenada described drug abuse assessment activities. Pupils from colleges and industrial schools had been questioned in the Bahamas, alcohol and drug abuse among students had been studied in Belize and Honduras while Venezuela surveyed licit and illicit drug consumption among secondary school students. Belize conducted several studies at the national level, such as community and household awareness studies, and a study of the impact on both teachers and students of a school drug prevention programme. Paraguay and Venezuela analyzed registration files of treated patients, and in the Bahamas a prison study was completed. Bolivia, Colombia, Ecuador and Honduras conducted surveys of drug consumption, either

among students (Bolivia and Honduras) or the general population (Colombia and Ecuador). Bolivia studied school children who also work, and Colombia carried out a survey on health knowledge, attitudes and behaviours. Mexico established a National Epidemiological Monitoring System on drug addiction.

11. Five countries received international assistance. The studies in the Bahamas, in Ecuador, and part of one study in Colombia were funded by UNDCP Fund, while in Belize programmes were supported by the United States Agency for International Development (USAID), and Colombia from the Fulbright Commission.

12. There were difficulties in collecting data in Bolivia, Dominica, Honduras and Venezuela because of lack of financial resources and/or shortage of trained staff. Belize reported problems from inadequate police records. Inefficient record-keeping was a problem in Grenada. Colombia has set up a National Coordinating Centre to overcome the problems of having different systems of information, while Ecuador found methodological difficulties inherent in problem. Most countries stressed they needed both technical and financial support, training in data collection techniques, and computer equipment.

Europe

13. Of the 14 reporting countries in Europe (Cyprus, Czechoslovakia, Finland, France, Germany, Italy, Liechtenstein, Luxembourg, Monaco, the Netherlands, Portugal, Switzerland, Ukraine and the United Kingdom) all but Liechtenstein had surveyed the extent and nature of drug use and abuse. Populations which had been studied varied. Cyprus, Finland, France, Luxembourg, Portugal, Ukraine and the United Kingdom collected data in schools or universities. Two household surveys had been carried out by Germany while clients of treatment facilities had been studied by Cyprus, Finland, France, Germany, Luxembourg, Italy and Monaco. Military recruits had been questioned in Cyprus and Ukraine, with prisoners surveyed in Cyprus and Portugal. Data on drug-related problems such as Acquired Immunodeficiency Syndrome (AIDS) were collected in Finland, the Netherlands and the United Kingdom. Switzerland assessed the impact of a national AIDS and drugs campaign on public opinion. Several studies focused on particular relationships, such as that between drugs and crime (Ukraine and the United Kingdom), drugs and family conflicts (Monaco and Ukraine) and drug abuse in weight-lifting and bodybuilding (United Kingdom). Other specific studies included social and bio-chemical effects of illicit drug abuse (Portugal), misuse of psychotropic substances by sex-group (Germany), inhalant sniffing among underprivileged young people (Finland) and regional differences between intravenous drug users' use of services (Netherlands). Questions concerning drugs were integrated in broader surveys such as in alcohol abuse studies (Ukraine) and health awareness studies (Finland and Ukraine). Systems of data collection were set up by France, Italy, the Netherlands, Ukraine and the United Kingdom. Portugal and Switzerland received technical assistance from the World Health Organization and from the Council of Europe's Pompidou Group.

14. Ukraine commented on the lack of a single state coordinating body and the need for standardization of methods of investigative procedures. A shortage of both financial and skilled human resources were mentioned by Czechoslovakia, Portugal and Switzerland. Switzerland's difficulties arose from the federal nature of its political system and consequent problems of coordination. Monaco and Portugal had problems covering the drug-using population, because in Monaco rich drug abusers seek treatment outside the country. Problems in interpreting various indicators of drug abuse was noted

by Italy, which would welcome assistance in the standardization of data collection methods. Motivating drug-abusers to cooperate with data collection and keeping the existing data up to date were reported as problems by Germany.

Asia and the Pacific

15. Of the eleven reporting countries (Australia, Bangladesh, Brunei Darussalam, Japan, Malaysia, Nepal, Philippines, Singapore, Sri Lanka, Thailand and Tuvalu), all but Tuvalu had conducted drug abuse assessment studies. Nation-wide surveys to identify the prevalence and the incidence of drug abuse were conducted by Bangladesh, Malaysia and the Philippines while specific population studies were undertaken elsewhere (Australia, Nepal). Brunei Darussalam is in the process of computerizing its information system, while Sri Lanka has established a drug abuse monitoring system. Australia has set up a National Drug Abuse Data System (NDADS) network, containing a nationally consistent set of data on legal and illegal drug use and related health problems so as to identify the most appropriate targets for action and measure progress. Annual statistics of drug abusers and their profiles were available in Brunei Darussalam and treatment-based data collected in Bangladesh, Japan and the Philippines. Nepal organized seminars for preparing an epidemiological survey and improving the information system. Thailand studied the correlation between drug addicts and criminality, while Sri Lanka conducted several studies such as an in-depth study of heroin users, evaluation of a preventive education programme and an assessment study of treatment modalities. Australia developed a methodology to assess the financial cost to the community of the use/misuse of tobacco, alcohol, prescription and illicit drugs. In addition the Australian National Campaign against Drug Abuse funded two research centres, one focusing on treatment issues and the other on prevention of drug problems. Tuvalu reported that it did not have a drug problem and that the customs department was trying to maintain this situation.

16. Three of the eleven countries received international assistance: Malaysia from UNDCP Fund, the Philippines from the World Health Organization (WHO) and USAID, Sri Lanka from UNDCP Fund and UNDP. Main difficulties were lack of financial resources and trained people (Bangladesh, Brunei Darussalam, Malaysia, Nepal, Philippines, Thailand and Sri Lanka), users' fear of exposure (Bangladesh), the low priority given to data collection by implementing agencies (Malaysia) and delayed reporting of drug-related agencies (Australia, Nepal, Philippines and Sri Lanka).

Near and Middle East

17. All four reporting countries (Egypt, Israel, Oman, Qatar) conducted some drug abuse assessment studies. Egypt finished a nation-wide epidemiological study among male students of secondary schools while the University of Qatar carried out a study on the problem of drug abuse among young people. Israel conducted a first national survey of psychoactive substance use covering several specific groups. Oman publishes annual statistics on drug use in the annual Bulletin on Crime. None of the countries received international assistance.

18. Differences in the definitions of the substances and target populations, reference periods and sampling procedures, as well as self-reporting biases caused problems for Israel. Qatar would appreciate international assistance in research and the establishment of treatment centres. Israel would like to share their experiences with other countries on collecting drug abuse data.

Intergovernmental organizations and non-governmental organizations

19. All three organizations mentioned in paragraph 5 above collect data. The Colombo Plan has initiated a series of workshops to train experts and to develop a regional drug abuse surveillance system where agreement on the feasibility on a common database was reached. The Council of Arab Ministers of Interior has launched a survey on the abuse of solvents in the Arab region. The Council of Europe collates reports on drug abuse under a multi-city reporting network, and an effort is being made to extend the network to Central and Eastern Europe. A pilot project is under way in 10 cities using a standardized instrument for recording first treatment demands. A report is available on a six-country collaborative project on student drug use.

20. The Colombo Plan received assistance from the United States Bureau of International Narcotics Matters (INM). The main difficulties are lack of coordination, incomplete information or late reporting from countries. International assistance could provide funding for regular meetings, consultancy services, and equipment.

21. The Commonwealth Secretariat carried out a study on drug education in selected commonwealth countries and conducted a survey on women in families where there is a drug problem. The World Assembly of Youth also surveyed drug use among young adults in collaboration with the National Youth Councils of Barbados, India, Kenya, Mauritius and Nepal. No international assistance was provided, but would be welcomed in the form of financial and technical support.

B. Target 3: Prevention through education

Africa

22. Five of the six African countries had undertaken some type of activities in promoting prevention through education. Côte d'Ivoire implemented special training for social workers and developed a programme for members of the Inter-ministerial Committee for Drug Abuse Control (CILAD). Gabon organized national seminars for pharmacists and teachers, as well as conferences for parents. Ghana introduced education programmes in secondary schools and teacher training colleges, while pharmacists provided drug education sessions for drug users. In Namibia, life education projects were implemented in Windhoek, and lectures on drug and alcohol misuse given in schools and health centres. South Africa ran education projects for pre-school children and expanded a preventive life-style education programme. Special agencies such as the Youth Outreach Association of South Africa provided several courses for teachers, youth leaders and parents, while the South African Defence Force recruited and trained volunteers to assist in an after-hours youth consultation service.

23. Côte d'Ivoire received assistance from the United Kingdom and from the Francophone Drug Control Institute (IFLD) and the United States. Gabon received support from the UNDCP Fund, while lectures in Ghana were provided by non-governmental organizations. South Africa received assistance through the liaison between the Lions Movement of South Africa and its sister organization in the United States of America.

24. All countries receiving assistance still reported difficulties regarding the lack of financial resources, training materials, training centres and qualified staff. Côte d'Ivoire said that financial support had not been given for national participants in seminars and financial resources were not available for continuing some programmes. Chad requested a wide range of international assistance, while Ghana detailed a need for audio-visual and

secretarial equipment, as well as for means of transport. South Africa and Namibia both wanted more information material, such as pamphlets, videos and brochures.

The Americas

25. The Bahamas, Belize, Bolivia, Colombia, Ecuador and Mexico continued drug education programmes in schools, while Dominica, Grenada and Honduras were in the process of developing such programmes. Workshops and seminars for a variety of target groups had been organized in the Bahamas, Grenada and Paraguay. The Bahamas, Grenada and Honduras all supported drug awareness campaigns. Camps for high school students had been organized in Dominica. Other target groups were teachers, youth leaders and other associations (Bolivia), customs, police, the military and the community (Ecuador) and pharmacists (Mexico).

26. Seven countries received international assistance. The UNDCP Fund financed programmes in the Bahamas, Grenada and Belize, which also received aid from USAID and the Canadian International Development Agency (CIDA). Ecuador, Paraguay and Colombia received assistance from the UNDCP Fund and the latter from the Organization of American States (OAS); and Bolivia from an NGO. Most of the countries emphasized the need for assistance, in particular technical assistance such as training but would also appreciate educational material and financial support.

27. Financial constraints hindered Dominica, Paraguay, Bolivia, Colombia and Honduras; shortage of expertise and appropriate educational material were mentioned by Bolivia and Dominica, and lack of human resources and/or training by Bolivia, Ecuador and Honduras. Belize had difficulty in reaching high risk groups such as school drop-outs and unemployed adolescents. Bolivia cited insufficient networks of national and international information and human resources. Colombia and Ecuador criticized the slowness of getting financial support from the UNDCP Fund and were hampered by lack of political-administrative support as well as the changing of programme coordinators.

Europe

28. Of the 14 reporting countries, all but Italy were engaged in prevention through education. In Cyprus, Czechoslovakia, France, Liechtenstein, Luxembourg, Monaco, Portugal, Switzerland, Ukraine and the United Kingdom prevention programmes were part of primary and secondary school education. Sometimes parents were invited to attend their children's schools, as in Liechtenstein and Luxembourg. Special curricula had been developed in Czechoslovakia and Finland for students at secondary vocational training centres, and in Ukraine for students at technical trade schools and higher educational establishments. Most countries provided seminars, training and informal meetings for professionals, most commonly teachers, social workers and health professionals, but also for the police and armed forces. Mass-media campaigns were implemented by Finland, documentation centres were established in France and drug information folders, videos, calendars and leaflets have been distributed in Finland, France, Portugal and Ukraine. The most commonly outlined objectives of the activities were provision of general information and primary prevention. Positive attitudes and education in problem-solving (stress management) were promoted in Finland, Germany, Luxembourg, Switzerland, Ukraine and the United Kingdom. Promotion of greater understanding of drug addicts by the general public was an objective in Germany and Ukraine.

29. Cyprus received assistance from WHO and from the United States while Portugal received technical assistance and financial support from the United Nations. Finland was supported in its efforts by an NGO. Measurement of the impact of prevention and education activities posed a continuous problem (Cyprus, Finland, Germany and the United Kingdom), and a lack of expertise was cited by Cyprus, Portugal and Ukraine. Shortage of finance and materials affected Portugal and Ukraine, while lack of coordination caused problems in Czechoslovakia, Germany, Portugal and Switzerland.

Asia and the Pacific

30. All countries except Tuvalu described preventive activities aimed at the education of specific target groups such as teachers (Australia, Bangladesh, Japan, Malaysia, the Philippines, Sri Lanka and Thailand), social workers and volunteers (Malaysia), chief monks of temples (Sri Lanka), parents (Bangladesh), parents of drug addicts (Sri Lanka), community leaders (Japan), prison officers, health authorities, factory employees, and officials of social organizations (Sri Lanka).

31. Australia, Japan, Malaysia, the Philippines, Thailand and Sri Lanka have developed special curricula while Brunei Darussalam Darussalam reported that it was doing so. The Women's Bureau in Sri Lanka implemented awareness programmes and income-generating projects aimed at preventing poor women from becoming involved in drug abuse or drug trafficking. The overall aim of all programmes operated under the Australian National Campaign against Drug abuse is the minimization of harm caused to the community by the use and abuse of drugs.

32. Three countries received international assistance. Malaysia was assisted by the UNDCP Fund and the European Community. The Philippines received financial assistance from USAID, financial and technical assistance from the Economic and Social Commission for Asia and the Pacific of the United Nations (ESCAP), Germany financed and organized a national seminar while the United Kingdom provided equipment. Sri Lanka received assistance from UNDP and UNDCP Fund, as well as an NGO supported by Norway and Sweden. Shortage of funds was noted by Bangladesh, Malaysia, the Philippines and Sri Lanka. Malaysia reported that slow results of preventive activities discouraged the implementation of these programmes, whereas inadequate expertise of drug abuse prevention workers and lack of equipment posed problems in Australia, the Philippines and Sri Lanka. Australia additionally cited difficulties related to the cultural diversity of populations and lack of information about effective AIDS/HIV counselling/education initiatives for intravenous drug users.

Near and Middle East

33. Prevention programmes were carried out by three of the four responding countries. Egypt developed and implemented social care programmes aimed at students. Oman organized awareness lectures for university students, while Qatar reported that families, schools, mosques and youth welfare institutions all played a role in making people aware of the harmful effects of drugs.

34. Two countries had special curricula. Egypt's is for primary and secondary schools, preparatory stage students, parents and teachers. Oman had prepared a curriculum for drug control staff. Qatar emphasized the importance of the Islamic law in creating a negative attitude towards drugs.

35. None of the countries had been given international assistance. Qatar would appreciate the assistance of UNESCO in formulating and implementing prevention programmes in educational institutions, while Egypt would like audio-visual equipment, printing facilities, educational films and a teachers' technical manual related to social care.

Intergovernmental organizations and non-governmental organizations

36. The Colombo Plan developed a manual containing guidelines for teachers, community workers and the media. The Council of Arab Ministers of Interior has a phased plan against illicit use of narcotic drugs and psychotropic substances, which includes preparation of a unified Arab information plan. This foresees educational and preventive activities at all levels. The Council of Europe supports pilot projects training specialists to train teachers, community leaders, families and the media in health education.

37. The Colombo Plan received financial support from the United States Government, and the Council of Europe project is a joint one with WHO (Europe) and the Commission of the European Communities. The Council of Arab Ministers of Interior requested international assistance in the form of printed and audio-visual prevention materials.

38. The Commonwealth Secretariat organized regional youth meetings to find out young people's opinions on drug education. The World Assembly of Youth is implementing a drug abuse prevention programme aimed at young people who are not in school in 16 countries in Africa, the Americas and Asia. The International Association of Lions Clubs co-sponsored with Quest school-based programmes and work around the world with schools and communities and provide symposiums or curricula. No international assistance was provided for these activities.

C. Target 4: Prevention of drug abuse in the workplace

Africa

39. Côte d'Ivoire initiated awareness programmes, Gabon organized conferences and training sessions for administrators, while Ghana developed and implemented health education sessions in the workplace. South Africa had worked with "wellness profiles", a tool to assess the physical and social well-being of employees. In addition, a computerized programme had been used to screen social profiles, so that people with drug experience or at risk were identified and followed up.

40. None of the countries received international assistance, but help would be appreciated in order to assess drug related problems in the workplace and to develop campaigns aimed at increasing the awareness of employers. Systematic studies on drug abuse in the workplace had not been undertaken. Difficulties related to a lack of a policy on alcohol and drug abuse by senior managers (South Africa) and a lack of trained personnel and financial resources (Côte d'Ivoire, Chad, South Africa and Namibia).

The Americas

41. A workshop for personnel managers in the private sector (banks, pharmaceutical hotel industry, oil refinery) was organized in the Bahamas, and governmental and private organizations were provided with information on drug prevention in Honduras. Paraguay organized lectures, while in Belize an employee assistance programme was carried out. Bolivia and Ecuador organized

workshops aimed at different population groups. Colombia is coordinating prevention, treatment, rehabilitation and social reintegration with the Ministry of Employment.

42. Ecuador and Paraguay received international assistance from the United Nations and Bolivia received support from USAID. Difficulties encountered were the lack of human or financial resources (Honduras and Paraguay) and lack of data about drug abuse in the workplace (Bolivia). Respondents would appreciate provision of trainers teaching materials and economic and technical support.

Europe

43. Monaco, Portugal, Ukraine and the United Kingdom implemented drug abuse prevention activities in the workplace. Liechtenstein planned to develop such a programme. Germany and the Netherlands said drug abuse during working hours was not a major problem. The Netherlands and Switzerland reported alcohol abuse as more serious; therefore many alcohol prevention programmes in the workplace had been established. Finland conducted no programmes but often participated at international meetings to exchange experience. A HIV project in the United Kingdom which included reference to drugs received financial assistance from WHO.

44. Portugal cited the scarcity of information, and lack of motivation and initiative on the part of the business world as hindrances, while Ukraine said that the absence of a funded scientific programme caused difficulties.

Asia and the Pacific

45. In Australia, Brunei Darussalam Darussalam, Malaysia, Singapore and Sri Lanka workplace activities took the form of awareness conferences, lectures, seminars and the distribution of information. Lectures in Japan focused on prevention of misuse of stimulants. Awareness programmes in Tuvalu were coordinated by the Australian Customs Service. Control measures in the form of urine screening were used in Brunei Darussalam Darussalam and Malaysia. Malaysian employees found to be on drugs are required to undergo treatment and rehabilitation. A training programme for major employers has been organized in the Philippines. Thailand classified employers as a new target group for drug abuse prevention programmes. Studies of drug abuse in the workplace were carried out in Australia, Japan, Sri Lanka and Thailand.

46. The Philippines and Sri Lanka received international assistance from the International Labor Organisation (ILO). Most of the countries said they would appreciate more technical or financial assistance. The difficulties reported by countries included time constraints and limited manpower in Brunei Darussalam Darussalam, while lack of funds, trained manpower and lack of support by the management of some big businesses was mentioned by the Philippines. Malaysia pointed to problems related to the urine screening programme: detected drug users in the private sector are usually asked to resign, while in the governmental sector, heads of departments are tardy sending identified drug users for treatment and rehabilitation. Sri Lanka reported a lack of commitment by the Labour Ministry to drug problems in the workplace, while the Women's Bureau stated that such problems did not exist in places where women work. Australia said the responsibilities of employers needed to be defined in legal terms.

Near and Middle East

47. None of the countries conducted any special studies or reports on the effects of drug abuse in the workplace.

Intergovernmental organizations and non-governmental organizations

48. Only the Council of Arab Ministers of Interior mentions this topic, suggesting international assistance would be useful for studies where drug use is suspected in the workplace. The International Road Transport Union stresses the need for drivers to refrain from the use of drugs and alcohol. The World Assembly of Youth did not implement any activities in this area because of the difficulties posed by employers. Financial and technical support are needed.

D. Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies

Africa

49. Four of the six countries reported activities by communities and special interest groups. CILAD in Côte d'Ivoire established a decentralized prevention structure by appointing prevention commissions in several districts. The Lions Club of Abidjan implemented several prevention activities for youth, while Ghana targeted a variety of associations and unions and Namibia singled out health workers. South Africa was developing community prevention outreach programmes. Employers had been mobilized to expand employee assistance programmes.

50. Coordination existed at national level in Côte d'Ivoire, Ghana, Namibia and South Africa. Coordination at regional level was reported by Côte d'Ivoire, South Africa and Namibia while Ghana was preparing a structure for regional co-ordination.

51. There was no international assistance. Common difficulties were shortage of materials and lack of financial and technical support from international organizations. South Africa commented on lack of coordination within the country and apathy among the population in general.

The Americas

52. Eleven countries described some type of community involvement. In the Bahamas and Bolivia several religious groups and NGOs were involved in treatment and rehabilitation centres, as were citizens' groups in Belize. Youth community and service clubs collaborated with the Grenadine National Drug Avoidance Committee; members of the police drug squad and health staff gave prevention talks to young groups and schools in Dominica. Bolivia, Honduras and Venezuela had programmes which involved staff of educational centres, parents, teachers and students. Paraguay trained monitors for all communities in drug prevention matters. In Colombia, examples of activities include telephone helplines, development of youth associations, publications, parent and teacher training, and epidemiological studies. Ecuador has prevention supporting committees of professionals. The Mexican Institute for Social Security (IMSS) disseminates information and offers leisure time activities in 110 centres across the country.

53. Coordination took place at national level in the Bahamas, Belize, Bolivia, Colombia, Dominica, Grenada, Honduras, Mexico and Paraguay, and at regional level in Ecuador.

54. Six countries received international assistance. Belize, Ecuador, Grenada and Venezuela received assistance from UNDCP Fund while Paraguay received assistance from the United Nations. Venezuela mentioned cooperation with agencies in Italy, Mexico and North America. Colombia received financial support from USAID. Eight countries (Belize, Bolivia, Colombia, Dominica, Ecuador, Honduras, Paraguay and Venezuela) emphasized the need for more international financial support and assistance in training. Colombia requested funding for treatment, rehabilitation and health promotion programmes. Several difficulties were mentioned. Lack of finance and trained staff was reported by Belize, Bolivia, Colombia, Dominica, Paraguay and Venezuela. Colombia and Ecuador encountered difficulties with funding either because of slowness of the bureaucratic process or restrictions by the donating institution while lack of coordination hampered Grenada, Honduras and Paraguay.

Europe

55. Most countries reported some type of activities undertaken by community, special interest groups and law enforcement agencies. Community organizations promoted drug prevention activities in Cyprus, France, the Netherlands, and the United Kingdom. Telephone helplines had been established in Cyprus and France. Portugal had given financial and technical support to non-governmental organizations for carrying out primary, secondary and tertiary prevention. Local drug prevention teams had been established in the United Kingdom. Czechoslovakia introduced youth care centres, long-term social rehabilitation and 24-hour advisory centres. Practical aid groups provided social support in France and Luxembourg, where a variety of awareness campaigns were carried out. Dialogue between parents and youth had been encouraged in Liechtenstein, Monaco and Switzerland. Some drug prevention programmes were integrated into AIDS prevention projects as in the Netherlands and Switzerland. Law enforcement agencies were involved in prevention activities in Cyprus, France and Ukraine.

56. Most of the countries did not receive international assistance, but Czechoslovakia received technical assistance from Italy. Difficulties encountered included insufficient financial resources (Cyprus and Ukraine), and a lack of experts and coordination (Cyprus and Switzerland). The United Kingdom said there was a lack of real teamwork among the local statutory and voluntary agencies, and duplication of effort.

Asia and the Pacific

57. Eight of the eleven countries reported some type of community involvement. Students, teachers, religious groups and various private voluntary organizations actively undertook to promote community awareness of the drug problem and to mobilize them (Australia, Bangladesh, Japan, Malaysia, the Philippines, Singapore and Sri Lanka). Brunei Darussalam Darussalam is in the process of including community groups in the preparation of prevention activities. Raising awareness, providing information and promoting healthy lifestyles were common objectives.

58. Nearly all countries with some type of community involvement had one or more coordinating bodies at the national level. Malaysia, Japan, Sri Lanka and the Philippines, established coordination bodies at both regional and local levels, while Australia coordinated at regional level.

59. Nepal received international assistance from ILO, UNDCP Fund, USAID and bilateral aid from Japan, Germany, United Kingdom and the United States. Sri Lanka received assistance from UNDP and UNDCP Fund. Difficulties experienced

included shortage of funding (Australia, Bangladesh, Brunei Darussalam Darussalam, Nepal, Sri Lanka and the Philippines), lack of trained manpower (Nepal, Brunei Darussalam Darussalam and Malaysia), an indifferent attitude in the community towards prevention activities (the Philippines). Australia had problems providing services to remote areas.

Near and Middle East

60. Two of the four countries reported some community action. In Israel rural and local councils had been established to organize campaigns and other prevention activities. Law enforcement agencies as well as health and social services had undertaken information activities in Qatar, and the Red Crescent Society conducted awareness programmes.

61. Coordination exists at all levels in Israel, and at regional and local levels in Oman and Qatar. None of the countries received international assistance and none of the countries reported practical difficulties in fulfilling this target.

Intergovernmental organizations and non-governmental organizations

62. All three organizations are active in this area. The Colombo Plan co-sponsors annual conferences of the International Federation of Non-Governmental Organizations (IFNGO) for the prevention of drug and substance abuse. It also organized a workshop for senior officials from Governments and NGOs. There is an Arab Society for Protection against Narcotic Drugs and Psychotropic Substances, and similar societies in various countries carry out prevention activities. The Council of Europe organized a symposium on the role of primary care services in the treatment of drug misusers. The World Assembly of Youth coordinates national youth assemblies from 90 countries. Financial assistance was given to the Colombo Plan by the United States Government and UNDCP Fund. All organizations noted the constraints imposed by financial difficulties.

E. Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse

Africa

63. Côte d'Ivoire and South Africa reported on leisure-time activities. South Africa provided special programmes for target groups, such as street-children, youth in socio-economically deprived areas, and women. Côte d'Ivoire organized workshops for young people and adults.

64. None of the countries received international assistance. Namibia stressed a need for leisure-time activities especially for young people living in densely populated areas, but Côte d'Ivoire experienced difficulties in motivating the young people. Both Côte d'Ivoire and South Africa said lack of economic and material resources hampered the pursuit of this target.

The Americas

65. As part of the campaign against drug abuse ten countries developed leisure time activities. The Ministry of Youth, Sports and Community Affairs in the Bahamas organized community and national systems that supported education, training and human development. The organization of a variety of recreational activities was reported, such as sports activities for youth and adults (Belize, Honduras, Mexico, Paraguay and Venezuela), painting competitions and photography courses (Honduras) and summer camps (Belize,

Ecuador and Paraguay), music festivals and youth fairs (Bolivia and Dominica), youth outreach and community education programmes (the Bahamas) and creative workshops (Colombia). The former UNFDAC provided assistance to Venezuela and USAID to Bolivia. Difficulties reported were the lack of economic resources and expertise (Belize, Ecuador, Honduras, Paraguay and Venezuela).

Europe

66. Leisure-time activities have been promoted by several countries. Emphasis was placed on sport (Cyprus, Liechtenstein, Ukraine, the United Kingdom), on cultural activities (Cyprus, Czechoslovakia, and the United Kingdom), and on healthy life-style alternatives (Portugal), sports/holiday camps (Switzerland and Ukraine) and bistro-discotheque (Luxembourg and Switzerland). Germany and Finland considered leisure-time activities a major topic in all prevention programmes for children and young people.

Asia and the Pacific

67. Six countries developed leisure-time activities, sometimes for the public in general (Australia and Japan) sometimes for special target groups. Australia and Malaysia introduced camping activities for youth groups. The Philippines reported a long list of activities ranging from tree planting, educational tours and sports, to Bible study, all designed to promote positive life-styles. The prisons department of Sri Lanka implemented outdoor and indoor activities for prisoners. The Australian National Campaign against Drug Abuse supported and promoted sport, music, video and various other events to extend awareness of the national campaign. The Alcohol and Drug Agency developed recreation services as part of treatment programmes. None of the countries received international agency assistance. Malaysia received financial support from the United States. Some countries reported difficulties because of lack of financial resources and trained personnel. Brunei Darussalam Darussalam was short of volunteers while Sri Lanka found that parents were indifferent to the issues. Australia commented on staff turnover and the mobility of drug user communities.

Near and Middle East

68. In Qatar, sporting, social and cultural clubs were established for various groups and young people in particular, with the aim of protecting members from corruption, exploitation and physical and moral neglect. None of the countries received assistance from international agencies.

Intergovernmental organizations and non-governmental organizations

69. The Council of Arab Ministers of Interior says that leisure-time activities take place at the national level. It suggests international assistance should aim at improving employment opportunities. The World Assembly of Youth implements youth education programmes and theater shows for youth by youth, but has financial difficulties. The International Association of Lions Clubs reports that although there is no association-wide programme, many local clubs are involved in supporting leisure-time activities (boy/girl scouts, sport teams, youth centres etc.).

F. Target 7: Role of the media

Africa

70. Five countries reported securing media support. Preventive messages had been published in local newspapers and broadcast in discussion on television

and radio in Ghana and Gabon. Côte d'Ivoire has recently approved a training project for media personnel, with guidelines discussed to prevent the promotion of drugs or encouragement of their abuse. Ghana briefed the media with respect to drug offenses and the annual drug week. Namibia's Drug Action Group and Narcotic Unit received full media support. In South Africa, national radio and television services gave wide coverage to drugs-related court cases, convictions and special police actions. South African newspapers and magazines published articles aimed at special target groups as well as the general public. Women's magazines especially were very active on the dangers of drug abuse.

71. Promotion of drugs or encouragement of their abuse is prohibited by law in South Africa. Namibia does not permit advertising or promotion of psychotropic and narcotic substances in the lay press, while the Namibia Broadcasting Corporation has an internal code preventing the promotion of drugs.

72. No country received international agency assistance, but Canada gave bi-lateral aid to Namibia. Lack of international assistance was reported by all countries as a problem. A scarcity of visual and written material (Côte d'Ivoire and Namibia) insufficient awareness by media (Côte d'Ivoire) and lack of an efficient organizational machinery (Ghana) were also problems.

The Americas

73. Ten countries mounted media activities. Seminars and workshops were held for media personnel (the Bahamas, Grenada and Paraguay). Anti-drug campaigns reached the general community through the radio (Belize, Bolivia, Dominica, Ecuador, Grenada and Honduras), television commercials and anti-drug programmes (the Bahamas and Grenada), newspaper articles (Belize, Bolivia and Grenada), radio call-in programmes (Belize and Grenada), posters and bumper stickers (Bahamas and Ecuador). Venezuela ran an awareness campaign targeted at the population as a whole; Colombia set up a research and information centre. A journal and radio programmes addressing teachers, parents and youth have been produced in Ecuador.

74. Many countries have, or are considering, laws or regulations limiting the publicity given to drug use (Bolivia, Colombia, Ecuador, Grenada, Honduras, Mexico, Paraguay and Venezuela). Seven countries had formal procedures for contact with the media, largely in the form of meetings, discussions, workshops or briefings. Belize mentioned many informal contacts. Grenada and Venezuela received assistance from UNDCP Fund, the Bahamas from the United States embassy and Colombia from UNDCP Fund, UNESCO and UNIC. Difficulties were lack of economic resources (Bolivia and Ecuador), lack of trained personnel (Belize, Grenada and Honduras), high production costs of material (Venezuela), small media capability, lack of surveys (Belize), and slow negotiations and lack of flexibility (Colombia). Most of the countries see a need for more training for media personnel, more provision of educational material and financial support, as well as an opinion and attitude survey (Bolivia), a mass media campaign (Ecuador), and projects tailored to changing conditions, and local needs and expectations.

Europe

75. Most European countries received media support. Drug abuse prevention campaigns were broadcast by television (Czechoslovakia, Finland, Germany, Luxembourg, Portugal, Ukraine and the United Kingdom), by radio (Czechoslovakia, Portugal, Ukraine and the United Kingdom). Radio was also

used in Portugal, the Ukraine and the United Kingdom. There were frequent press conferences and briefings in Cyprus, Germany, Portugal and the United Kingdom. BBC radio in the United Kingdom had a drugs helpline.

76. Ukraine decided to produce cartoon films for pre-school and school children, while in Finland young people buying inter-rail tickets received written material on dangers of drugs and AIDS. Press releases were distributed in Cyprus, Portugal and the United Kingdom. The media participated in a national drug conference in Germany and gave full support to an International Day against Drug Abuse and Illicit Trafficking in Portugal. Portugal took a number of steps to improve awareness in the media. In addition a protocol has been signed by 165 journalists involved in production of material on drug problems.

77. France, Luxembourg, Monaco and Portugal have legal constraints against promotion of drugs or encouragement of drug abuse. Germany plans something similar. In the United Kingdom no set of rules covered the treatment of drug misuse by newspapers, while radio and television are governed by requirements for "responsible" broadcasting without referring specifically to drug misuse. Portugal introduced restrictions on advertising on alcohol and tobacco. There is no special legislation in Ukraine, but there is no problem in discouraging promotion of drug abuse in the media.

78. Most countries described various informal or formal media relations procedures. In Czechoslovakia television representatives became members of the secretariat of the government board of narcotics. Portugal established co-operation between services dealing with drug abuse and journalists' training schools.

79. None of the countries received international agency assistance except Portugal which was helped by the Pompidou Group in the preparation of the organization of an international symposium devoted to the theme "Drugs and the Media".

80. Some difficulties were reported. Czechoslovakia cited initial difficulties between the media and inter-ministerial information procedures. Both Germany and Portugal commented on balancing the freedom of the press and the public concern for drug abuse control. Portugal mentioned that some mistakes had been made, either for lack of information, or because of sensational or commercial attitudes of some press agencies. There is some resistance on the part of the mass media in Portugal over collaboration with the government. Ukraine experienced problems in the provision of materials because of a shortage of paper and a lack of printing facilities.

Asia and the Pacific

81. Media participation in drug abuse prevention was reported by nine of the eleven countries. Awareness seminars for media representatives were organized in Malaysia and the Philippines. In Sri Lanka, TV and radio interviews were broadcast. Prevention and awareness-building campaigns had been intensified through television and radio programmes in Australia, Bangladesh, Brunei Darussalam Darussalam, Japan, Nepal, the Philippines and Singapore. In Malaysia a private organization supported by the media launched an anti-drug quiz for school children. Anti-drug messages on bus panels and cinema slides were to be found in Singapore. A comparative study of the exposure of drug users and non-users to drug-related television advertisements was conducted in the Philippines. Nepal established a publicity group, which developed films, dramas, posters, folders and talk programmes. Newspapers published articles on drug abuse to educate people (Bangladesh and Japan). The Australian

National Campaign against Drug Abuse had a specific media and public information arm to reach its various target audiences. The extent of the influence of television, radio and print media was well recognized and was reflected a the long list of media-supported anti-drug, anti tobacco and anti alcohol campaigns.

82. Five countries reported some regulation of the promotion of drugs by the media. Thailand bans advertising of psychotropic substances except to medical practitioners. Australia bans the advertising of all tobacco products by all media, while alcohol advertising, labelling and health warnings were in the process of examination. The depiction of explicit or accurate representations of the preparation, or injection of illicit drugs is prohibited.

83. Australia, Nepal, the Philippines, Singapore, Bangladesh, Japan, Sri Lanka and Malaysia have formal media relations procedures, mostly in the form of conferences and press briefings. Informal means exist in Australia, Brunei Darussalam Darussalam, Sri Lanka and Malaysia. Nepal and the Philippines organized special briefings on the International Day Against Drug Abuse and Illicit Trafficking. Media representatives in Japan receive an annual report on drug problems and countermeasures, while in Malaysia a quarterly narcotics report is distributed, as well as background information.

84. None of the countries received international agency assistance. However, technical training and financial support would be appreciated by most countries. Limiting factors were reported by five countries. Nepal and Malaysia mentioned lack of media specialists. Shortage of financial resources and facilities were reported by the Philippines and Nepal. Malaysia added that the turnover rate of reporters hampered continuity and that getting free air time on television also posed problems. Sri Lanka mentioned the preference of newspapers for sensational news and the lack of media lobby.

Near and Middle East

85. Three countries described activities undertaken for or by the media. The National Drug Campaign in Israel was supported by television and radio programmes. Various agencies in Qatar organized information campaigns through press, radio and television, focusing on creating awareness of explanations of the Islamic law. Co-operation between media and professionals (physicians, scholars, religious leaders) took the form of seminars, interviews and information programmes. Oman, fearing negative public reaction, did not undertake any media activities. There are no legal regulations preventing the media from promoting drugs in this sultanate. In Qatar, one law defines the mandate and functions of the Ministry of Information and its subsidiary bodies. The ministry acts within the state policy, which totally forbids the promotion of drugs or encouragement of drug abuse. None of the countries received international agency assistance and no difficulties were mentioned.

Intergovernmental organizations and non-governmental organizations

86. The Council of Arab Ministers of Interior says information programmes will be targeted at different groups of citizens. The Model Unified Arab Law on Narcotic Drugs, the Arab Strategy against the Illicit Use of Narcotic Drugs and Psychotropic Substances, and the phased Plan of Arab Strategy (1988-1992) contain regulations to prevent the promotion of drugs in the media. Cooperation with the media takes place through national committees. International assistance could organize training courses for media professionals, and produce a manual on the role of the media. The role of

NGOs in assisting the media is widely recognized and supported. The World Association of Youth sees a need for help in providing films, information packs and briefings.

II. CONCLUSIONS

Targets 1 and 2

87. Of the 44 countries reporting, 39 had adopted some measures to assess drug abuse or collect data. There were two African exceptions, two in the Americas and one in Europe. Data was obtained from educational institutions and from treatment facilities by countries of all the five regions, while household surveys were conducted by some countries in all regions except the Near and Middle East. With regard to special sub-populations surveyed and studies of specific issues related to drug abuse, the reports revealed a broad diversity. Several countries created formal coordinating bodies for the collection and dissemination of drug abuse data while others were still in the phase of setting up basic data collection systems.

88. Many states had already received international agency assistance in reaching the first two targets, but the majority of states replying gave detailed suggestions for assistance linked to difficulties encountered in data collection. Besides financial support and the training of manpower, most attention should be given to helping overcome organizational and methodological problems.

Target 3

89. Five of the six African countries, 10 of the 11 American countries, 13 of the 14 European countries, 10 of the 11 countries of Asia and the Pacific and three of the four replying states of the Near and Middle East developed and implemented some type of education for drug prevention. Drug abuse prevention activities were aimed at specific target groups (especially teachers, social workers, parents and health professionals) and actively pursued by nearly all States of the five regions. Seminars, workshops and lectures were important components of all efforts. In general, there was a growing trend to integrate drug education curricula into existing school programmes.

90. The reports of the different regions reflected similarities in the objectives of the various education programmes and in the difficulties met in pursuing this target. Many countries appreciated the international support already received but reported, in concert with countries not having yet received international assistance, that more technical and financial help is urgently needed. To prevent drug abuse and the harmful practices associated with it, many states would very much welcome training of staff in development, implementation and evaluation of prevention programmes. Many states asked for educational material such as audio-visual equipment and were very eager to get information about experience of similar prevention programmes in other countries, and any evaluation of them.

Target 4

91. All the four replying African countries, seven of the 11 American and three of the European, nine of the 11 countries of Asia and the Pacific and one country of the four states representing the Near and Middle East reported on the prevention of drug abuse in the workplace. A very limited number of countries conducted drug abuse assessment studies while others reported that alcohol abuse was a much more prominent problem. In general, most of the

activities were still in the phase of creating awareness among employers through workshops, conferences or distribution of information. Difficulties described by countries of all regions except the Near and the Middle East nevertheless reflected the seriousness of efforts undertaken in this field. International assistance was wanted in the form of financial support and technical assistance. Again, a need for training of personnel was stressed. Help in drug abuse assessment studies in the workplace and in the development of prevention programmes would enable countries to fulfill this target.

Target 5

92. In most countries, and from all regions, some type of prevention programme had taken place. In general, these activities were carried out by local community organizations, professional associations, religious groups and international action groups. Law enforcement agencies participated in a minority of countries.

93. Although most countries mentioned the existence of some type of national or regional coordination, the actual level of co-ordination varied considerably. In a few countries (distributed across the regions, but most frequent in Europe), these types of activities were integrated into an overall prevention strategy, either through a coordinating committee or a funding agency. In most other countries, however, the development of such activities was dependent upon each single implementing group or association.

94. There was some international agency support for these activities, either in the form of funding from United Nations programmes or USAID, or in the form of technical assistance from countries generally in the same region as the recipient. The main difficulties were the lack of financial and human resources, as well as a lack of co-ordination and community awareness. This situation could be improved by facilitating the funding process, matching funding with technical assistance, putting special emphasis on co-ordination within an overall prevention strategy, and on raising community awareness.

Target 6

95. The effort devoted to the development of leisure-time activities varied considerably according to the region. While these activities were a major topic in Europe, very few countries in Africa focused on them. Most countries in the Americas and in Asia and the Pacific implemented leisure-time activities, in some cases, promoting income generating activities. The main target groups were youth and schoolchildren. The concept of "drug-free" areas or activities was mentioned by several countries in Europe. In most cases, programmes were centered around cultural, sporting or human development initiatives.

96. This group of activities was not favoured by international assistance. In a few cases, UNDCP or USAID provided financial support. The need for economic and material resources, as well as for trained personnel, was stressed.

Target 7

97. The role of the media is considered highly influential, as reflected by a wide variety and number of activities. In most cases, these activities take the form of prevention campaigns (radio, TV, newspapers, broadcast messages), production of prevention materials (leaflets, posters, billboards, videos), or information on drug-control initiatives taken by the government or action groups. Several States organized training workshops or seminars for the media.

98. Nearly all countries reporting have some type of regulation on media activities in terms of drug publicity. Their degree of specificity ranges from general requirements such as "responsible broadcasting" to straight prohibition of tobacco and alcohol advertisement. In most cases, legal regulations prevent the promotion of drugs or the encouragement of drug abuse in the media.

99. The means of enlisting media help are, in general, ad hoc activities such as press briefings, conferences or seminars, meetings and workshops. In a few countries, media representatives take part in the Government's coordinating structure on drug abuse. Some funding was provided by UNDCP, UNESCO, UNIC or the Pompidou Group of the Council of Europe. Some countries provided materials.

100. Difficulties included to lack of awareness of the media, freedom of the press and the risk of provoking a negative reaction among the public. International funding, training, changes of media personnel and shortage of visual and written material were the main needs mentioned

Countries

Australia	1991	1990
Austria		1990
Bahamas	1991	
Bahrain	1991	1990
Bangladesh	1991	
Belize	1991	
Bolivia	1991	
Botswana		1990
Brazil		1990
Brunei Darussalam	1991	
Burundi		1990
Byelorussian SSR		1990
Canada		1990
Chad	1991	1990
Colombia	1991	1990
Cote D'Ivoire	1991	1990
Cyprus	1991	1990
Czechoslovakia	1991	1990
Denmark		1990
Dominica	1991	
Ecuador	1991	1990
Egypt	1991	1990
Fiji		1990
Finland	1991	1990
France	1991	

Gabon	1991	
Germany	1991	1990
Ghana	1991	
Grenada	1991	
Honduras	1991	
Hong Kong		1990
Hungary		1990
Iceland		1990
Israel	1991	1990
Italy	1991	
Japan	1991	1990
Liechtenstein	1991	
Luxembourg	1991	1990
Malaysia	1991	
Maldives		1990
Mexico	1991	1990
Monaco		1990
Namibia	1991	
Nepal	1991	
Netherlands	1991	1990
Norway		1990
Oman	1991	1990
Pakistan		1990
Papua New Guinea		1990
Paraguay	1991	

Peru		1990
Philippines	1991	1990
Poland		1990
Portugal	1991	1990
Qatar	1991	
Rwanda		1990
Saudi Arabia		1990
Singapore		1990
South Africa	1991	1990
Sri Lanka	1991	1990
Suriname		1990
Sweden		1990
Switzerland	1991	
Thailand	1991	1990
Tuvalu	1991	1990
Uganda	1991	1990
Ukraine	1991	1990
United Kingdom	1991	1990
United States of America		1990
Uruguay		1990
Venezuela	1991	1990

Intergovernmental Organizations

ASEP		1990
CARICOM		1990
Colombo Plan Bureau	1991	
EC		1990

Council of Arab Interior Ministers	1991	1990
Council of Europe	1991	1990
Customs Co-operation Council		1990
IFSTAD		1990

INTERPOL		1990
SADCC		1990

NGO's

Commenwealth Secretariat	1991	
Disabled Peoples' International	1991	
IATA	1991	

LIONS Clubs International	1991	
Int.Fed. of Business + Prof. Women	1991	
Int.Fed. of University Women	1991	

International Road Transport Union	1991	
Soroptimist International	1991	
World Assembly of Youth	1991	